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# BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

OCT 26 2005

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## FACSIMILE COVER SHEET

Deliver to: Melvin C. Marcelo, USPTO

Art Group: 9625

Facsimile No.: (571) 273-8300

Date: October 26, 2005

From: James Henry, Reg. No. 41,064

Our Docket No.: 81862P261

Number of pages 13 including this sheet.

Application No.: 09/975,246

Filing Date: 10/10/2001

Docket Due Date(s): 10/29/2005

Enclosed are the following documents:

- Amendment: Response ( 8 pgs)
- Appeal Brief ( pgs)
- Application: \_\_\_\_\_  
( pgs) w/cover & abstract)
- Assignment & Cover Sheet ( pgs)
- Certificate of Facsimile \_\_\_\_\_
- Continued Prosecution Application (CPA)
- Declaration & POA ( pgs)
- Drawings: sheets, figures
- Extension of Time: one (1) month
- Fee Transmittal (in duplicate)
- IDS & PTO/SB/08 ( pgs)
- Other \_\_\_\_\_

- Issue Fee Transmittal
- Notice of Appeal
- Petition for: \_\_\_\_\_
- Request for Continued Examination (RCE)
- Reply Brief ( pgs)
- Request & Certification Under 35 USC 122(b)(2)(B)(i)
- Request to Rescind Previous Nonpublication Request
- Response to Notice of Missing Parts & Formalities Letter
- Response to Written Opinion ( pgs)
- Terminal Disclaimer
- Transmittal of Publication Fee Due
- Transmittal Letter

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Pat Sullivan Date

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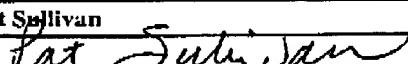
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/975,246
		Filing Date	October 10, 2001
		First Named Inventor	Jayakumar Jayakumar
		Art Unit	9625
		Examiner Name	Melvin C. Marcelo
Total Number of Pages in This Submission	13	Attorney Docket Number	81862P261

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53					
Remarks					

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James Henry, Reg. No. 41,064 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 26, 2005

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Typed or printed name	Pat Sullivan	Date	October 26, 2005
Signature			

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wR) 08/04/2004.  
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<h2 style="margin: 0;">FEE TRANSMITTAL for FY 2005</h2> <small style="margin-top: 5px;">Patent fees are subject to annual review.</small> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 70%; text-align: right;">(\$)</td> </tr> <tr> <td></td> <td style="text-align: right;">120.00</td> </tr> </table>		TOTAL AMOUNT OF PAYMENT	(\$)		120.00	<p style="text-align: center;"><i>Complete if Known</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">09/975,246</td> </tr> <tr> <td>Filing Date</td> <td>October 10, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Jayakumar Jayakumar</td> </tr> <tr> <td>Examiner Name</td> <td>Melvin C. Marcello</td> </tr> <tr> <td>Art Unit</td> <td>9625</td> </tr> <tr> <td>Attorney Docket No.</td> <td>81862P261</td> </tr> </table>	Application Number	09/975,246	Filing Date	October 10, 2001	First Named Inventor	Jayakumar Jayakumar	Examiner Name	Melvin C. Marcello	Art Unit	9625	Attorney Docket No.	81862P261																																																	
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<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor &amp; Zafman LLP</p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input checked="" type="checkbox"/> Credit any overpayments</p> <p>under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.</p>																																																																			
<p><b>FEES CALCULATION</b></p> <p><b>1. EXTRA CLAIM FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Total Claims</th> <th style="width: 10%; text-align: center;">20</th> <th style="width: 10%; text-align: center;">20*</th> <th style="width: 10%; text-align: center;">0</th> <th style="width: 10%; text-align: center;">X</th> <th style="width: 10%; text-align: center;">50.00</th> <th style="width: 10%; text-align: center;">=</th> <th style="width: 10%; text-align: center;">\$0.00</th> <th style="width: 10%;">Fee Paid</th> </tr> <tr> <th>Independent Claims</th> <td style="text-align: center;">4</td> <td style="text-align: center;">4*</td> <td style="text-align: center;">0</td> <td style="text-align: center;">X</td> <td style="text-align: center;">200.00</td> <td style="text-align: center;">=</td> <td style="text-align: center;">\$0.00</td> <td></td> </tr> <tr> <th>Multiple Dependent</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Large Entity</th> <th style="width: 30%;">Small Entity</th> <th style="width: 40%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Fee Code (\$)</td> <td style="text-align: center;">Fee Code (\$)</td> <td style="text-align: center;">Fee Description</td> </tr> <tr> <td>1202 50</td> <td>2202 25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201 200</td> <td>2201 100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203 360</td> <td>2203 180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204 300</td> <td>2204 150</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>1205 300</td> <td>2205 150</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2" style="text-align: center;">SUBTOTAL (1)</td> <td style="text-align: right;">(\$)</td> <td style="text-align: right;">0.00</td> <td></td> </tr> </tbody> </table> <p style="text-align: right; font-size: small;">*or number previously paid, if greater. For Reissues, see below</p>			Total Claims	20	20*	0	X	50.00	=	\$0.00	Fee Paid	Independent Claims	4	4*	0	X	200.00	=	\$0.00		Multiple Dependent									Large Entity	Small Entity		Fee Code (\$)	Fee Code (\$)	Fee Description	1202 50	2202 25	Claims in excess of 20	1201 200	2201 100	Independent claims in excess of 3	1203 360	2203 180	Multiple Dependent claim, if not paid	1204 300	2204 150	**Reissue independent claims over original patent	1205 300	2205 150	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (1)		(\$)	0.00													
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<p><b>SUBMITTED BY</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name (Print/Type)</td> <td style="width: 40%;"><u>James Henry</u></td> <td style="width: 30%;">Registration No. (Attorney/Agent)</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">41,064</td> </tr> <tr> <td>Signature</td> <td colspan="2"><u>James Henry</u></td> </tr> <tr> <td></td> <td>Date</td> <td>Telephone (714) 557-3800</td> </tr> <tr> <td></td> <td></td> <td>10/26/05</td> </tr> </table>			Name (Print/Type)	<u>James Henry</u>	Registration No. (Attorney/Agent)			41,064	Signature	<u>James Henry</u>			Date	Telephone (714) 557-3800			10/26/05	<p style="margin: 0;">Complete (if applicable)</p>																																																	
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